

257

PLACE OF BIRTH
 County of Graham
 District of Safford
 Town of Pima
 or _____
 City of _____ (No. _____ St. _____ Ward)

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 181
 Co. Registrar No. 49
 Local Registrar's No. 49

FULL NAME OF CHILD Marcia Inas Roat { Born YES
 If child is not named, make Supplemental Report on blank obtainable from local registrar. { Alive ☒

Sex of Child <u>Female</u>	Twin, Triplet or other <u>Single</u>	and	Number in order of birth <u>7</u>	Legitimate? <u>yes</u>	Date of Birth <u>March 1st 1922</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Glen H. Roat</u>			Full Maiden Name <u>Maggie Craig</u>		
Residence <u>Pima</u>			Residence <u>Pima</u>		
Color or Race <u>White</u> Age at last Birthday <u>42</u> (Years)			Color or Race <u>White</u> Age at last Birthday <u>33</u> (Years)		
Birthplace <u>South Dakota</u>			Birthplace <u>Arizona</u>		
Occupation <u>Pharmacist</u>			Occupation <u>Housewife</u>		
Number of Child of this mother <u>7th</u>		Number of children of this mother now living <u>7</u>		Were precautions taken against Ophthalmia neonatorum? <u>yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child, and that it occurred on 3/1 1922, at 12:15 P.M.

{ *When there is no attending physician or midwife, then the householder should make this return. }

(Signature) R. B. Dryden M.D.
 (Attending physician, midwife, householder.)

Given or Christian name added from a _____ Address _____
 supplemental report _____ 192 _____ Filed 4-5 1922 Alma Burns
 LOCAL REGISTRAR.

493-301-437
 COUNTY REGISTRAR.

A True Copy
 Filed 8-10 1922 J. N. Shultz
 COUNTY REGISTRAR.